

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND 10/526731										
1 Date of Request: _____			2 Serial/Patent # _____							
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT						
<input type="checkbox"/>	Filing			\$						
<input type="checkbox"/>	Amendment			\$						
<input type="checkbox"/>	Extension of Time			\$						
<input type="checkbox"/>	Notice of Appeal/Appeal			\$						
<input type="checkbox"/>	Petition			\$						
<input type="checkbox"/>	Issue			\$						
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$						
<input type="checkbox"/>	Maintenance			\$						
<input type="checkbox"/>	Assignment			\$						
<input type="checkbox"/>	Other			\$						
			7 TOTAL AMOUNT OF REFUND		\$					
			8 TO BE REFUNDED BY:							
			Treasury Check							
			Credit Deposit A/C #:							
			<div style="display: flex; align-items: center;"> 9 <table border="1" style="border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> </div>							
10 REASON:										
<input type="checkbox"/>	Overpayment									
<input type="checkbox"/>	Duplicate Payment									
<input type="checkbox"/>	No Fee Due (Explanation):									
11 REFUND REQUESTED BY:										
TYPED/PRINTED NAME: _____			TITLE: _____							
SIGNATURE: _____			<small>Adjustment Date: 8/7/27/2005 PKIDWELL 03/18/2005 LLANDGRA 00000053 022334 10526 31 02 JUL 1992 \$80.00 CR</small>							
OFFICE: _____										
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****										
APPROVED: _____			DATE: _____							

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**